

Cross-cultural Medicine

A Visit With a *Curandero*

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One author visited a Mexican-American folk healer in the Los Angeles area, not as a patient but as a fellow health professional. Information was obtained from this healer, a curandero, regarding his background, his clientele, the illnesses he treats, the therapeutic techniques he uses and his relationship with the official health care system. This information was generally consistent with statements about curanderismo that have appeared in the social sciences literature. It also provided additional insight into practices that have been alluded to in that literature but not described in detail. With few exceptions, curanderos would seem to be talented healers whose efforts often benefit their patients and whose continued popularity has important implications for physicians, especially those serving large numbers of people of Mexican descent.

Curanderos (professional folk healers) are widely patronized in the low-income Mexican-American neighborhoods of southern California. By one estimate, there are 1,000 such healers practicing in Orange County alone (D. Ferrell, "Medicine and magic," *The [Santa Ana, Calif] Register*, March 1983, vol 27, pp J1-J4). In Santa Ana, which is the county seat, the site of a University of California Irvine clinic and the home of about 90,000 people of Mexican descent, it is not unusual to see 15 to 20 cars parked in front of a *curandero's* house as early as 8 AM. A photograph of a Santa Ana healer is prominently featured in a recent *National Geographic* article on Mexican-Americans.¹

To investigate the reasons for the continuing popularity of *curanderismo* in our area, one of us (J.D.M.) visited a *curandero* in a small city adjacent to Santa Ana—not in the guise of a patient, but as a fellow health professional. As may be imagined, it was not easy to find a folk healer who would talk candidly with a physician but, finally, after considerable delays and difficulties, a meeting was arranged by a Mexican-American nursing assistant from the Santa Ana clinic. This nursing assistant, whom we will call Lupe, had been treated by the *curandero* in question for many years. She was present during the visit.

In the first-person account that follows, pseudonyms have been used and certain minor details have been changed to preserve the anonymity of the participants.

Interview With Mr Flores

Mr Miguel Flores seemed somewhat ill at ease as Lupe and I greeted him in the front yard of his modest but meticulously cared-for home located only a few miles from the luxury condominiums lining the California coast. However, after I presented him with a gift—a plant because Lupe had told me that he loved to garden—he brightened and seemed to relax. We conversed comfortably for a few minutes and then he introduced me to his wife, a pleasant middle-aged woman who spoke only Spanish. She stayed outside, watering plants, as Mr Flores led us toward his office.

My initial impression was of a very intelligent, very sensitive man who looked to be a vigorous 60 years of age and who resembled the late Pablo Casals. He was fluent in English as well as in Spanish, and he spoke with such authority and power that I was reminded of some of the more charismatic priests and physicians I had encountered during my lifetime. His attire, however, was unremarkable, consisting of a short-sleeved shirt and trousers in subdued colors.

The door leading into Mr Flores's office area was separate from the entry to the main quarters. Immediately inside this door was a long corridor lined with enough well-worn chairs to accommodate 20 or more people. There were no patients waiting on this day because it was Mr Flores's day off. Adjoining the waiting

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area was a bathroom, and at the far end of the corridor a door led to his inner office.

This office was at first glance similar to that of any small-town family physician. Mr Flores's bookshelves held a complete set of medical reference books, including a large anatomy text. A 2-foot-high synthetic skeleton was suspended from a hanger on his desk, and an examining table was unobtrusively positioned against a wall. Prominently located above this table was a picture of an old-time family doctor holding the wrist of a bedridden patient as if taking a pulse.

This picture had one remarkable feature, however. Next to the physician stood the figure of Jesus Christ in a white robe, *also* stooped over the patient, *also* showing concern and clearly in partnership with the doctor. Behind Mr Flores's desk were several other rather large religious pictures of a more conventional nature. One showed Christ on the cross, another depicted the Last Supper, and still another portrayed God looking down from Heaven on a seascape.

In several respects, the office had a relaxed, home-like atmosphere. A large red Mexican sombrero hung in the corner—not an ordinary sombrero, but a very ornate one, elaborately decorated with gold trim. Mr Flores's guitar hung on a wall nearby. Opposite his desk was a long studio couch flanked by two easy chairs. Thus, except for the paintings on religious subjects, the office could have been that of virtually any family doctor who practiced out of his home.

At my request, Mr Flores described how he had gotten into the health care business. He had been born in Mexico but his parents, who were agricultural workers, had moved to a farm in New Mexico when he was still quite young. He had spent his early years working as a farm laborer at his parents' side. He was the oldest child in the family and said he had always felt that he was his parents' favorite.

The turning point in Mr Flores's life came when he became seriously ill with an intestinal malady at the age of 20. He had abdominal pain, unremitting diarrhea and weakness in his legs. He consulted a doctor, but even after numerous blood tests and x-ray studies, no diagnosis could be made and nothing could be done to make him feel better. He remained ill for two weeks and was ultimately bedridden.

At that point his mother in desperation summoned the local *curandero* for aid. After massaging his abdomen and legs, the *curandero* gave him some castor oil and prescribed honey and herbal tea to follow. Mr Flores said that his diarrhea increased and he suddenly evacuated something that he believed had plugged up his intestine: a piece of cheese that he had eaten without his parents' knowledge. He felt better almost immediately and progressed through soups and other light foods to a normal diet the next day.

As a result of this experience, Mr Flores became convinced that traditional folk medicine had something to offer people and, with his parents' encouragement, he began to study various folk treatments. First he went to California to enroll in a month-long course in

physiotherapy, where he learned a great deal about massage. Afterward he returned to New Mexico and worked with older Mexican-American folk healers as an apprentice. One of his most important mentors was an elderly woman known as a *partera* (midwife) who taught him how to treat female complaints such as menstrual cramps and prolapsed uterus. Treatment of the latter has now become one of his specialties.

About 30 years ago, Mr Flores moved to southern California and has been practicing as a *curandero* in the same location ever since. His clientele is made up of Mexican-American people from all walks of life, including attorneys, schoolteachers and nurses, and he occasionally sees patients who are not of Hispanic descent. He said that he is known along the route to his hometown in Mexico, and that when he goes there to visit, he always has a busy practice—not only in his hometown, but also in places where he stops over on the way. He added that he is often very tired from working so hard, but he loves to help people and feels that he must continue helping them for as long as they need him.

During our visit, Mr Flores repeatedly stressed his concern that he was getting older and there was no one in the neighborhood to replace him. He said that he hoped I would learn some of his skills and use them so that people could get that kind of medical help after he himself had died. He seemed especially worried about his long-term patients who came in for regular treatments. I said that because of my other responsibilities, I would have limited ability to take over his practice even if I acquired his skills, but that I was interested in learning as much as I could and that I would never forget what he told me. He then offered to describe some of his therapeutic methods.

Mr Flores began by discussing the treatment of *empacho*, a well-known Mexican folk illness in which a piece of food (usually something sticky such as cheese or unbaked dough) is thought to block the intestine, become moldy and cause severe abdominal pain. He said that he massages the abdomen from the top down to break up the obstructive mass and administers castor oil to clean out the intestine. He prescribes a regimen of tea and other clear liquids for a day or two, to be followed by a gradual return to a soft diet and then to solid foods. He said that he sees many cases of *empacho* both in children and in adults, and that they almost invariably respond well to this treatment.

At my request, he demonstrated his way of treating *empacho*. Asking me to lie down on my back on the examining table, he pulled up my shirt and unbuckled my pants like any busy, experienced physician wanting to get at the heart of things and began to massage my upper abdomen firmly with both his thumbs. He then pressed on the epigastric region with his fingers, gradually moving them down toward the lower part of the abdomen as if trying to force out an offending food mass. This pushing motion was repeated over and over

with very firm pressure, so that I felt I was getting an extremely vigorous massage.

Mr Flores then asked me to take off my shoes and turn over on my abdomen. He began rubbing the calves of my legs with a similar top-to-bottom motion, saying that this also helped to relax the stomach muscles and cure *empacho*, though he did not know why. Next he massaged my feet so vigorously that he made some of the joints crack. I felt that this massage of my feet and calves did in fact make me relax all over and that my abdominal muscles were probably relaxing along with everything else.

Finally Mr Flores pressed so firmly along the length of my spine that I was worried that something might become dislocated. After moving his hands down my spine from head to coccyx, he repeatedly pulled up the skin over the lumbosacral area, twisted it and let it snap back. He said that this maneuver could be painful—and indeed I found it rather uncomfortable—but that it frequently produced an internal “snapping” that somehow relieved the intestinal obstruction associated with *empacho*.

Following this demonstration, Mr Flores said that he would show me his treatment for tension headache. He had me lie flat on my back and rotated my head from side to side. Suddenly, without warning, he pulled my head to one side and there was a loud popping or snapping of something in my neck. It was not painful, but it was dramatic and slightly frightening. He again rocked my head from side to side and made a similar unexpected movement to the opposite side, and again something inside my neck popped. At the moment of the second popping I felt a distinct sensation of warmth over the lower part of my body—particularly around my feet but also around my abdomen. Shortly after I noticed this, Mr Flores said that I would soon begin to feel some warmth in my body, and that a bit of perspiration would come. He said this was beneficial to headache sufferers and helped to cleanse their bodies of the malady.

Following this impressive experience, I put my shoes on and buttoned myself up and we began to talk about other kinds of treatment that Mr Flores provided. Lupe reminded him that he had treated her daughter for *mal de ojo* (literally, “the sickness that comes from the eye”) when the child was feverish and irritable. This folk illness, also called *mal ojo* or simply *ojo*, is thought to be caused—often unintentionally—when one person looks at another in a desirous way. Attractive children who are gazed at by admiring adults are believed to be at risk unless touched prophylactically. Initially Mr Flores seemed reluctant to discuss the subject, but when he saw my interest he became enthusiastic.

He said that he treated *mal de ojo* by passing an uncooked egg over a patient's body three times in the pattern of a cross and then breaking the egg into a glass of water. There, a small black eyelike shape might appear in the yolk; or the yolk might appear to be “cooked”; or it might swirl around as if impelled by a

spirit or even pop out of the water about a half inch or so before it settled down. Mr Flores said that any of these phenomena would confirm the diagnosis of *mal de ojo*. He added that if the treatment were successful, one could pass another egg over the patient's body, break it into water and the egg yolk would look perfectly normal, indicating that the harmful spirits had been removed.

Mr Flores told us that prayer was an extremely important feature of his treatment programs. As an example, while he was treating a patient with the egg therapy, he would frequently line up the family members on the couch in his office and pray for them all. Or, if the family was very large, he would bring the whole group into his altar room for mass prayer sessions. He escorted us into this room, which adjoined his office though I had not noticed it as we entered. It contained about 20 chairs and was lit only by a candle burning at one end, so that we had the sensation of looking into a darkened church. At the far end of the room I could discern a cross with rosary beads draped around it, an altar on which a Bible had been placed and religious pictures on the wall behind the altar.

As we walked back into his office, Mr Flores emphasized that the secret of the success of his treatments was the strength of a patient's faith in God and in himself as a healer. He also said that it was just as important for patients to have faith in their physicians as it was for them to have faith in him, and that when patients came to see him after consulting a physician, which frequently happened, he invariably encouraged them to have faith in their physician. He added that he often referred patients to physicians when he felt that they had appendicitis or some other condition that might not respond to his own form of therapy.

I asked Mr Flores whether he always treated patients with their families in the room. He answered that it depended on whether the family members appeared supportive or angry with the patient. If they were angry, he asked them to remain outside. If they were supportive, he kept them near the patient during the treatment and prayed with them all as a group at the end of a session.

He repeatedly emphasized that though he was the agent, it was in fact God who was healing the patients through him. And at one point he made a very interesting statement. In describing one case, he said, “I knew that I had to help that patient and I had to have God come down right then and help him.” For a brief moment, I had a glimpse of his belief that he not only had God as his partner in the healing process but also had the power to summon God for help when necessary.

It was clear that Mr Flores believed passionately that he was serving humanity with his work. He described one case in which a patient had consulted him but had failed to follow his advice for the treatment of *empacho*. Instead, the man had gone to a surgeon who had operated on his stomach. When he continued to

have pain after the operation, he returned to Mr Flores, who was afraid to massage him because of the fresh surgical incision and encouraged him to go back to the surgeon instead. The man died a week later and Mr Flores had felt guilty ever since for depriving him of help that might have prevented his death.

A tremendous faith in his own therapeutic powers radiated from Mr Flores as he talked. It was apparent that his personal magnetism, combined with his references to the Lord, his prayers involving the family and his ritualistic techniques, created a healing ambience that was very powerful indeed. While practitioners of scientific medicine still lack a good explanation for the placebo effect, most respect it. And so, in Mr Flores's office, I recalled the words of Dr Kenneth Tittle—a dedicated family physician in Calexico, California—that "We must be prepared to learn more than we can understand" ("Medicine in the Mexican-American Community" [Family Medicine Grand Rounds], Santa Ana, Calif, June 27, 1979).

During our conversation, it became obvious that many people were seeking Mr Flores's help even though it was his day off. He was answering telephone calls from patients every 15 to 20 minutes and in most cases agreed to see them later that day. He told us that one such caller had periodic difficulties with a prolapsed uterus and I asked him how he treated that disorder. He answered that he puts the patient on the examining table in a position that is rather like the one assumed for sigmoidoscopy: chest down and buttocks elevated in the air. He then massages the patient's abdomen from the pubis toward the epigastrium. He remarked that this motion, combined with the position of the body, helps the uterus fall back into place where it belongs, adding that he had treated many prolapsed uteruses in this way and that most had stayed fixed and painfree for long periods. He was also proud of the fact that his method did not require the patient to disrobe or submit to a pelvic examination.

Mr Flores repeatedly cautioned me that one had to be careful about discussing such therapies with people other than patients. He said that some would be skeptical and laugh and that others might make legal difficulties. I noticed that even with me, Mr Flores shied away from answering questions about herbal remedies; he was clearly avoiding the subject. Finally, however, when Lupe mentioned several herbs that had been helpful in her family—*yerba buena* (mint) and *manzanilla* (camomile) for *empacho*, cornsilk for urinary tract infection and *ruda* (rue) for a pain in the ear—he admitted that he was familiar with all of them. He then confided that though he was reluctant to prescribe herbal remedies unless he knew the patient very well, he did in fact have them at his disposal. He said that most could be obtained from a pharmaceutical supply house in Utah in capsule form, and that the capsules were effective because people believed in them.

Mr Flores then told a story that explained why he was at first reluctant to discuss his use of herbs. For many years he had been afraid that the health authori-

ties would come and close down his operation because he was practicing medicine without a license. One day the knock on the door finally came. A city official appeared, remarked that sick people had been observed visiting his home and asked him whether he was providing some kind of health care. Mr Flores responded that he prayed for people and tried to help them feel better but that he was not practicing as a physician. However, the official told him that he would have to have some kind of license in order to continue his business.

Panic-stricken, Mr Flores called a patient of his who was an attorney. The attorney told him that he would look into the matter, and several days later he reported that Mr Flores had nothing to worry about—he was now licensed as a health practitioner. He then presented Mr Flores with a certificate signed by a city clerk stating that he was indeed a licensed "Christian Health Healer." Mr Flores proudly showed me this diploma-like certificate, which was prominently displayed on his office wall. He also confided that even though he tries to discourage them from doing so, most of his patients call him "doctor."

As we were about to leave, still another patient telephoned complaining of a prolapsed uterus. Apparently she was fairly acculturated, for Mr Flores spoke to her in English, and she could be heard speaking excitedly in English at the other end of the line. After hanging up the receiver, he told us that she had emotional problems, that she needed help and that he was going to provide it. He spoke with such quiet conviction that there was no doubt in our minds that his efforts were going to help her.

Mr Flores and I then exchanged phone numbers and agreed to meet again, either at the Santa Ana clinic or at his home. With that, Lupe and I left, exiting from the chapel-like darkness of his office into the brilliant southern California sunshine.

Discussion

The encounter described above illustrates several important features of *curanderismo* as it exists in the Los Angeles area today, including the illnesses treated by *curanderos*, the therapeutic techniques used, the way in which healers are trained, the economic viability of *curanderismo* and the relation between *curanderos* and the official health care system. Other accounts of encounters with *curanderos*, mostly very brief, are scattered throughout the social science literature.²⁻¹⁴ In general, the information provided by Mr Flores is consistent with such accounts; both his remarks and published sources are drawn on in the following discussion.

Illnesses Treated by Curanderos

Today, most *curanderos* limit their practices to an array of folk illnesses—such as the *empacho* and *mal de ojo* treated by Mr Flores—plus certain stubborn or chronic conditions such as impotence, infertility, headaches, fatigue and asthma that frequently have an

emotional component. This is not to say that patients may not have physical ailments, for they often do, and a *curandero* treats them with physical means such as massage and herbs. But even in such cases, both healer and patient are usually aware that psychologic factors may be involved. In short, the mind-body dichotomy characterizing the biomedical model of illness is largely absent from *curanderismo*.^{3,14,15}

Of 100 Mexican-born clinic patients whom we interviewed in Santa Ana in 1980, there were 17 who said they had visited a *curandero* at some time in their lives and an additional 33 said that someone in their family had done so. The reasons given for the last consultation show this lack of a mind-body distinction. Of 50 consultations, 21 were for *mal puesto* (bewitchment, often manifest in somatic symptoms; literally, "an evil put on"), 8 were for *susto* (fright sickness), 4 were for *empacho*, 2 were for chest pain, 2 were for help in finding a missing relative and the remaining 13 were for a variety of complaints including deafness, twisted foot, alcoholism, irregular menses, infertility, marital problems, measles, diarrhea and *nervios* ("nerves").

It is evident from this list that *curanderos* are thought to have an extraordinarily wide range of powers. Many do possess a good deal of solid medical knowledge, though it is likely to be spotty and fragmented. Usually they are able to recognize conditions such as fractures that transcend their sphere of competence, and in such cases—perhaps partly out of concern for their reputation—will advise patients to seek scientific medical care.^{4,11} (In fact, they themselves go to physicians at times.^{12,14,16,17})

Therapeutic Techniques

A *curandero* relies on an ancient system of folk medicine that originated in the Americas and reflects both Spanish and Indian influences.¹⁸ Today the latter is evident primarily in the extensive medicinal use of native herbs, whereas the influence of Spain—and specifically of Roman Catholicism—is much more visible. For example, ritual prayers in a setting filled with religious appurtenances such as crucifixes, images of the Virgin of Guadalupe, holy water and candles are of central importance. In addition, *curanderos* usually see themselves, and are seen by others, as having a special healing gift (*don*) given by God—in fact, this is what distinguishes them from other types of folk healers—and as performing a kind of spiritual function in the service of God.^{5,6,17,19} And most *curanderos* are thought to be able to remove hexes (*mal puestos*) that have been put on a victim by a witch in league with the Devil.¹¹

A typical *curandero* also makes use of what might be called "white magic"—procedures that are not tied directly to the Church but rather appear to be rooted in Spanish folk medicine or Indian ritual. Massage is one example. Another is the extensive use of raw eggs both for diagnosis and for treatment. Frequently, as in Mr Flores's *mal de ojo* therapy, an egg is broken into a dish and is found to show unusual configurations or

to contain foreign material, indicating that a patient's illness has been intentionally or unintentionally caused by another person.

But traditional therapies such as these represent only a small part of the armamentarium of modern *curanderos*. Most have adopted at least some of the techniques and tools of physicians. Like Mr Flores, many furnish their offices with scientific trappings such as medical texts and plastic models of the human skeleton. And as early as 1964, one investigator observed it was "becoming quite common for *curanderos* to give their patients written prescriptions for herb medicine. . . . A few *curanderos* give injections of vitamins or penicillin."⁴ (Such injectables are easily available in Mexico, and they are—as we have noted elsewhere—highly esteemed for their supposedly rapid results.²⁰)

Still other important therapeutic tools used by *curanderos* are those of reassurance and suggestion.⁹ Typically a *curandero* is a charismatic, highly respected person who projects great personal concern for patients and their families (*personalismo*) and a firm belief in the efficacy of the treatments, both of which are undoubtedly conducive to patients' sense of well-being and possibly to healing as well. As one observer has put it, "The folk curer nearly always succeeds because, even though disease symptoms may continue, he knows how to make his patient feel better."²¹ The very setting in which such a curer practices—a private home—is reassuring because of its familiarity.¹⁶

Far from treating a disease in isolation, or even a patient in isolation, *curanderos* usually deal with a patient in context—that is, in relation to others in both family and community. In the process of diagnosis, for example, they are likely to inquire about the nature of a patient's recent interpersonal contacts. Furthermore, if a patient's friends and relatives appear supportive rather than angry, they often involve them in the healing session itself. And *curanderos* emphasize the need for a patient to have absolute faith in God, in the *curandero* and in the treatment process. (We remember Mr Flores's insistence on excluding negative elements from the therapeutic setting.) Strategies such as these would appear to have important implications for physicians.

As one would expect, *curanderos* show a good deal of variation in personal style and therapeutic technique.²² They are less diverse than they might at first seem, however. Part of the problem is terminology. In the social sciences literature, the word *curandero* has often been used quite loosely to refer to any or all of the following: a witch, a neighborhood woman who knows a bit about healing, a spiritualist, a specialist in massage and a herbalist. Most serious students of *curanderismo* prefer to reserve the term for full-time professional healers who use their exceptional spiritual powers to treat a broad range of ailments, including those thought to be caused by witchcraft. Lesser, or more specialized, healers are best referred to by a different name. In reality, the basic tools of a *curandero*—herbs, prayer, massage, reassurance and sug-

gestion—are common to *curanderismo* as it is practiced in many different regions.^{9,14}

Training a Curandero

As noted above, the *curanderos'* power to heal—their *don*—is thought to be given by God. In some cases, the *don* is given after they themselves, or members of their families, recover from a grave illness.⁴ In other cases, they are born with the gift of healing, frequently inheriting it from a parent or grandparent.¹⁷ Though most *curanderos* are adults, in rare instances a child—such as the famous Niño Fidencio—may gain recognition as an effective curer.^{4,5,13,14} Like Mr Flores, most *curanderos* learn their actual healing techniques through apprenticeship. No special ordeals or initiations are required, and both men and women may be healers (female = *curandera*). Almost always they are extremely religious people.⁶

Economic Viability of Curanderismo as a Profession

Curanderos may be supported entirely by donations or they may make an agreement—tacit or explicit—that they will be paid only if the patient gets well. Almost never is there a set fee for services.^{6,16,18} This overt espousal of poverty is consistent with the religious orientation of *curanderismo*. In fact, however, successful *curanderos* do quite well financially by virtue of the gifts they receive from their large clientele.¹¹ We recall that for more than 30 years, Mr Flores has been able to make a living solely from such donations.

Although some healers engage in marginal practices such as selling candles and icons, *curanderos* are generally seen as more altruistic than physicians.^{4,5} In most cases, they are less expensive for patients. A typical “suggested donation” in southern California is \$5 to \$10 per visit, the lower amount being charged if a client is a long-time customer. Importantly, *curanderos* rarely initiate discussion of payment; rather, they wait until a patient broaches the subject at the end of a treatment session. One can readily see the contrast between such personalized transactions and the impersonal payment process characteristic of most US health care facilities.

Because most sick people get well regardless of what is done for them, it is relatively easy for charismatic persons such as Mr Flores to build up a devoted clientele. Even when a folk cure fails, the failure may be ignored, blamed on a patient's having waited too long before seeking help or attributed to noncompliance with the therapy. In addition, many believe that if a *curandero* is unable to cure a patient, the failure is due to God's will: the curer is exonerated.^{4,6,23} The efforts of a *curandero*—unlike those of a physician—are almost never openly criticized, at least by those who patronize such healers. People may change to another *curandero* if their medical problems are not alleviated, but (possibly out of fear of magical retribution) they rarely voice dissatisfaction with the initial therapy or refuse to pay for it. Thus, many factors unite

to make *curanderismo* a viable profession in southern California today.

Curanderos and the Official Health Care System

Still, there is abundant evidence that *curanderos* are apprehensive about their relations with physicians and with the law. We remember, for example, that Mr Flores chose to begin by discussing *empacho*, perhaps the least mystical of the folk disorders. However, he was rather reluctant to talk about *mal de ojo* and did not raise the subject of *mal puesto*, though Lupe said later that he was able to cure it by a cleansing rite involving “sweeping” a patient with branches from a special tree. In short, it seems clear that he did not want to undermine his credibility by discussing ailments that physicians might view as having to do with the supernatural.

We remember also that at no time did Mr Flores refer to himself or to any other folk healer as a *curandero*. It is possible that the word *curandero* is not used because it is too general (analogous to the English word *curer*). In southern California, and reportedly in Arizona as well,¹² people who cure have many different specialties that are often mentioned instead—prolapsed uterus in the case of Mr Flores, for example. In addition, however, the word *curandero* has pejorative overtones in the United States and in the urban centers of Mexico, even though a substantial part of the Mexican population reportedly still has access only to traditional healers.²⁴ Virtually all Spanish-English dictionaries gloss the word as “quack curer,” and it is not uncommon for people to associate *curanderismo* with witchcraft.^{4,25,26}

Some *curanderos* are in fact frank charlatans. Others are misguided persons who mean well but can cause great harm because of their lack of medical knowledge. In one case known to us, a baby with a disorder of the gastrointestinal tract folk-diagnosed as *empacho* almost died after being given an oral dose of liquid mercury by a *curandera*. The history is instructive: the baby was being cared for by his grandmother, who had first sought medical care at a clinic but had turned to a *curandera* after receiving what she considered to be inadequate personal attention and perfunctory treatment. The *curandera* was arrested and ordered to close her practice.

Incidents such as these point up the danger inherent in *curanderismo*: a patient may seek relief from a folk healer even when scientific medical treatment is urgently indicated, and for one reason or another a healer may not refer the patient to a physician. We have seen cases of pelvic inflammatory disease and even appendicitis that had worsened while a patient was being treated for *empacho*. It is not surprising, then, that the relation between the *curandero* and the official health care system is likely to be strained at best, and that the medical practices acts of many states are written in such a way as to make *curanderismo* potentially against the law.¹⁴ Indeed, this is one of the main reasons that

we lack reliable data on the number of *curanderos* in the country as a whole.

Income, Education and Adherence to Curanderismo

We also lack reliable data on the prevalence of *curandero* use among various segments of the Mexican-American population. On the one hand, in seven major studies carried out between 1966 and 1980,²⁶⁻³² a small but substantial number of persons reported the use of *curanderos* (the mean percentage was 24%, with the range being 2% to 70%). Our own research tends to confirm this finding; as noted above, 17% of 100 Mexican-born clinic patients said that they had visited a *curandero*.

On the other hand, it is crucial to remember that most of the data, including our own, were gathered from the least affluent, least educated and least acculturated group of people of Mexican descent. Data for other groups are badly needed. Although most Mexican-Americans are at the lower end of the socioeconomic scale, it is hazardous to make generalizations about health care behavior based on studies of predominantly low-income families, as has been pointed out in an important review article.³³ Those interested in *curanderismo* should be aware that the subject is a sensitive one among many United States-born people of Mexican descent, especially if they have been personally traumatized by harmful stereotypes.

Considerable evidence exists that only a minority of Mexican-Americans patronize *curanderos*, even this minority patronizes physicians as well^{26-30,32,34} and—as one could guess—allegiance to traditional medicine declines with advances in socioeconomic status and, specifically, with advances in educational level.³⁵ Nevertheless, it is also true that *curanderos*, even though their name may be going out of fashion, continue to thrive in the low-income Mexican-American neighborhoods of the border states of the Southwest.^{14,36} Physicians should not feel threatened by these traditional practitioners who, on balance, do much more good than harm. Instead they should heed the lessons to be learned from the persistent popularity of these accessible, low-cost and culturally sensitive health care providers.

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